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| **Check the box that is most accurate when thinking about** **you or your partner having a baby:**  |
| □ I have no plans for a future pregnancy□ I have no plans for pregnancy for several years□ I am considering a pregnancy in the next year□ I am considering a pregnancy in 2 or 3 years□ I have mixed feelings about a pregnancy□ I am trying to get pregnant now or am trying to father a child□ I am pregnant currently, or partner is pregnant. |
| **GALS:** Are you happy with your current method of birth control**?** | **Yes/No/NA** |
| **GUYS:** 1. Are you happy with your partner’s method of birth control?
 | **Yes/No/NA** |
| 1. I use condoms to prevent pregnancy.
 | **Yes/No/NA** |
| Are you interested in preconception services?(Planning a pregnancy) | **Yes/No** |
| Are you interested in infertility services?(Trying/Can’t get pregnant**)**  | **Yes/No** |
| Do you have any further questions or wish for counseling on your reproductive life plan?  | **Yes/No** |
| I am requesting testing for: □ STD □ Pregnancy □ Both □ No Testing Needed |